

## PART B - ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, or (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
<b>LYON &amp; LYON</b> <b>611 WEST 6TH STREET, 34TH FLOOR</b> <b>LOS ANGELES, CA 90017</b>	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/047,614	05/08/87	018	ROTMAN, A	121 01/16/90
First Named Applicant: <b>ROCKLAGE, SCOTT M.</b>				

TITLE OF INVENTION: **DIPYRIDOXYL PHOSPHATE NMRI CONTRAST AGENTS**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 187/246 145.0002	546-005.000	C18	UTILITY	<del>YES</del> NO	<del>\$2,100.00</del> \$620.00	04/16/90

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 <u>LYON &amp; LYON</u>
	2 _____
	3 _____

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: <u>SALUTAR, INC.</u>		<input checked="" type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> Advanced Order - # of Copies <u>10</u>
(2) ADDRESS: (City & State or Country) <u>Sunnyvale, California</u>		(Minimum of 10)	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION <u>California</u>		6b. The following fees should be charged to:	
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		(Enclose Part C)	
		<input type="checkbox"/> Issue Fee	<input type="checkbox"/> Advanced Order - # of Copies _____
		<input type="checkbox"/> Any Deficiencies in Enclosed Fees	(Minimum of 10)
A. <input type="checkbox"/> This application is NOT assigned.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
<input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.		(Signature of party in interest of record)	
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		(Date)	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		<u>4/11/90</u>	
		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Commissioner of Patents and Trademarks  
Washington, D.C. 20231

on \_\_\_\_\_  
(Date)

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Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawings, must have its own certificate of mailing.

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This form is estimated to take 20 minutes to complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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LYON & LYON 611 WEST 6TH STREET, 34TH FLOOR LOS ANGELES, CA 90017	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
<input type="checkbox"/> Check if additional changes are on reverse side	

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	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	187 346 145.0002	546-005.000	C18	UTILITY	YES NO	<del>\$34.00</del> \$620.00	04/16/90

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR client
	1 LYON & LYON

**LYON & LYON**  
ATTORNEYS - AT - LAW

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DATE April 11, 1990

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TO THE  
ORDER  
OF

Commissioner of Patents and Trademarks

For: Issue Fee and 10 patent copies  
SN 07/047,614 - S. M. Rocklage et al  
Docket 187/246

LYON & LYON

006736 0540015501 02200589

In interest as shown by the records of the Patent and Trademark Office.